

**THIS DECISION HAS BEEN APPEALED. THE  
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

**SOAH DOCKET NO. 453-04-0150.M2**

**NOTICE OF INDEPENDENT REVIEW DECISION**

**Date:** July 30, 2003

**RE: MDR Tracking #:** M2-03-1424-01  
**IRO Certificate #:** 5242

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to \_\_\_ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by an Plastic/Hand Surgeon reviewer who is board certified in Plastic/Hand Surgery. The Plastic/Hand Surgeon reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

**Clinical History**

The patient is a 45-year-old male, right-hand dominant, status post circular saw injury to the dorsum of the right hand, a laceration of the right middle finger close to the level of the metacarpal phalangeal joint with extensive tendon involvement. He had numerous surgeries done, the first one on June 6, 2001, at which time he underwent repair of the extensor tendon of the middle finger and the ring finger. In March 2002, he had extensive tenolysis of the middle finger, and in June of 2002, he had tenolysis to the right middle finger with a metacarpal phalangeal joint capsulotome. In August 2002, he underwent, again, extensive tenolysis of the proximal interphalangeal joint with a capsulotome of the proximal interphalangeal joint and tenotomy over the extensor mechanism of the middle phalanx for extensive contracture at the distal interphalangeal joint.

**Requested Service(s)**

The question to be addressed is the medical indication for a repeat tenolysis of the extensor tendon of the right middle finger with tissue interposition between the tendon and proximal phalanx. The decision by \_\_\_ reviewer dated 5/12/03 reports incorrectly a request for an open reduction internal fixation of patient's right middle finger. Indeed, the requesting surgeon is only

asking for repeat tenolysis of the extensor tendon with tissue interposition between the tendon and proximal phalanx.

### **Decision**

I agree with the insurance carrier that the service requested – tenolysis of the extensor tendon with tissue interposition between the tendon and the proximal phalanx, at this point, is not medically indicated.

### **Rationale/Basis for Decision**

On the basis of the records reviewed, the claimant suffered a circular saw injury to the extensor mechanism of the right middle finger at the metacarpal phalangeal joint which was treated by the \_\_\_, specifically, \_\_\_. Appropriately, a tenolysis was carried out later in March of 2002 and then, again, in June and August of 2002 -- basically, at one year intervals from the original surgery. He had a total of four surgeries, including the initial repair, and three tenolyses surgery in March of 2002, June of 2002, and August of 2002. Yet the patient failed to respond to all these surgeries with improvement even after a satisfactory course of physical therapy. At this point, there is no indication that this patient will benefit from an additional tenolysis at approximately two years post-trauma. On the basis of these facts, I agree with the insurance carrier that the service requested is not medically indicated.

## **YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (20 Tex. Admin. Code 142.5(c)).

**If disputing other prospective medical necessity (preauthorization) decisions** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

This decision by the IRO is deemed to be a TWCC decision and order.